

## PART B - FEE(S) TRANSMITTAL

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77224 7590 10/03/2008

Mary E. Golota  
Cantor Colburn LLP  
201 W. Big Beaver Road  
Suite 1101  
Troy, MI 48084

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Marjorie Ellis

(Depositor's name)



(Signature)

12-30-08

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,997	10/12/2004	Wolfgang Bremser	PAT-00361	6692

TITLE OF INVENTION: AQUEOUS DISPERSION OF INORGANIC NANOPARTICLES, METHOD FOR THE PRODUCTION AND USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/05/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIPMAN, BERNARD	1796	524-384000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____ 2 _____ 3 _____

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**BASF Coatings AG**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
**Glasuritstr. 1  
48165 Münster  
Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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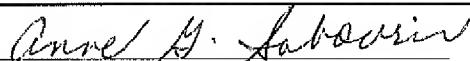
A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **23-3425** (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date **12-18-08**

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**Anne G. Sabourin**

Registration No. **33,772**

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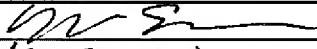
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1. \_\_\_\_\_

2. \_\_\_\_\_

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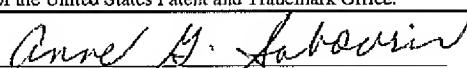
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